

### FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



1	Estimates 4.0.00	
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SEC USE ONLY							
Prefix	Serial						
DATE REC	CEIVED						
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# RECD S.E.C. NOTICE OF SALE OF SECURITIES MAY 1 2 2003

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## PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Rockwell TN 2004-B Joint Venture	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE BOARD
A. BASIC IDENTIFICATION DATA	1/5 LUG4
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	6/19/
Rockwell Resources. LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 106 Danville St., Suite 711, Lancaster, KY 40444	Telephone Number (Including Area Code) 888-586-2040
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
A Three Well Oil Drilling Program	1 2 2001
Type of Business Organization	1 2004
	lease specify):  Liability Company  THOMSON FINANCIAL
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 8 0 2 Actual Estim  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada: FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: Managing Partner Turner, Kirk Full Name (Last name first, if individual) 106 Danville St., Suite 711, Lancaster, KY 40444 Business or Residence Address (Number and Street, City, State, Zip Code) Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

	B. INFORMATION ABOUT OFFERING												
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No X				
2.								\$ 12.500.00					
3.	Does the	e offering	permit joint	ownership	of a sing	le unit?		•••••		• • • • • • • • • • • • • • • • • • • •		Yes	No
4.									ne offering with a state	e			
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or l	Residence	Address (N	umber and	Street, Cit	ty, State, Z	ip Code)						· · · · · · · · · · · · · · · · · · ·
Nar	ne of Ass	sociated Bi	roker or Dea	aler								· · · · · · · · · · · · · · · · · ·	
Sta	tes in Wh	nich Persor	Listed Has	Solicited of	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check i	ndividual S	States)			• • • • • • • • • • • • • • • • • • • •				🔲 Al	States
	IL MT	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)	· · •								
Bus	siness or	Residence	Address (N	lumber and	Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated B	roker or Dea	aler									
Sta	tes in Wh	nich Persor	n Listed Has	Solicited of	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	•••••	*************					☐ Al	States
	AL IL MT RI	AK IN NE	IA NV SD	KS NH	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR	MO PA
Ful	l Name (	Last name	lirst, if indi	vidual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									l States				

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security Agg Offerin		Amount Already Sold	
	Debt	0.00	S	0.00
	Equity			0.00
	Common Preferred			
	Convertible Securities (including warrants)	0.00	S	0.00
	Partnership Interests		\$	0.00
	Other (Specify Joint Venture Interest S		s	0.00
	Total S			0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Dol	ggregate lar Amount Purchases
	Accredited Investors	0	S	0.00
	Non-accredited Investors	0	S	0.00
	Total (for filings under Rule 504 only)	0	\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	Doi	lar Amount Sold
	Rule 505		_ S	0.00
	Regulation A		_ S	0.00
	Rule 504	<del></del>	_ S	0.00
	Total		_ \$	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		S	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees		\$	1,450.00
	Accounting Fees		\$	1,450.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		S	0.00
	Other Expenses (identify)		S	0.00
	Total	_	\$	2,900.00

_	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND US	E OF PRO	CEEDS		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted	d gross		\$	577,100.00
•	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	y purpose is not known, furnish an estima f the payments listed must equal the adjusted	te and			
				Payments to		
				Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		🔲 🛚	0.00		0.00
	Purchase of real estate		🗀 5	0.00	s	0.00
	Purchase, rental or leasing and installation of mac	chinery and				
	and equipment		🗀 s	0.00	<b>\$</b>	0.00
	Construction or leasing of plant buildings and fac-	pilities	🔲 s	0.00		0.00
	Acquisition of other businesses (including the val					
	offering that may be used in exchange for the asset issuer pursuant to a merger)		[] S	0.00	⊠s	429,200.00
	Repayment of indebtedness		🗀 s	0.00	\$	0.00
	Working capital		🗍 s	0.00	 \$	0.00
	Other (specify): Offering & Organization Costs; Syndi	ication/Marketing Consultaion Costs and		0.00	⊠s	147,900.00
	Commissions; Compliance Services				-	
			- ···· 🗀 s	0.00	☐ s	0.00
	Column Totals		🔲 s	0.00	<b>⊠</b> \$	577,100.00
	Total Payments Listed (column totals added)				577,1	00.00
	e e la compagnicación de l	D. FEDERAL SIGNATURE				
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange C	Commissio	n, u <del>p</del> on writter		_
SSI	uer (Print or Type)	Signature	Dat	e /		•
	ckwell Resources, LLC	And		4/2	4/0	24
	me of Signer (Print or Type)	Title of Signer (Print or Type)		<b></b>	<del>'/</del>	
Cir	k Turner		-			
_		President				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)